



**CONSTITUENT REQUEST FOR SERVICE  
PRIVACY ACT RELEASE**

**Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Work: \_\_\_\_\_  
Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please provide a description of the problem and the federal agencies involved:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

**Please Mail or Fax to:**

Congressman Frank M. Kratovil, Jr.  
102 Turpins Lane, Suite 1  
Centreville, MD 21617-1029  
Phone: 443-262-9136  
Fax: 443-262-9713

\*Feel free to attach additional documents, comments, or information to this form.